

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=68-013074

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3501

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR TOWN

St. Louis,

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Anthony.Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

3854 Bowen Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Frank.

Buerk.

4. DATE
OF DEATH

Month

Day

Year

3

25

63

5. SEX

Male.

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-5-80

9. AGE (last birthday)

82

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired.

10b. KIND OF BUSINESS OR INDUSTRY

City Fireman.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lorenz Buerk.

13b. MOTHER'S MAIDEN NAME

Louise Ott

14. NAME OF HUSBAND OR WIFE

Caroline Buerk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

17. INFORMANT

Address

Caroline Buerk. 3854 Bowen Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma

INTERVAL BETWEEN
ONSET AND DEATHabout
1 yearConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

1621

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Atherosclerosis of Heart

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-26-57

to 3-25-63

and last saw him alive on 3-25-63

Death occurred at

9:20 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry Louper

22b. ADDRESS

1111 Olive St. St. Louis, Mo.

22c. DATE SIGNED

3/24/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

3-28-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Mausoleum.

23d. LOCATION (City, town, or county)

St. Louis, County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home.
6322 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 26 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1

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73

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Cooper.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Samuel C. Hill

Licensed Embalmer No.

4347

P. O. Address

6322 De Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.